



Psychology Internship Brochure

Department of Veterans Affairs, VA Southern Nevada Healthcare System
6900 N Pecos Rd, North Las Vegas, NV 89086
4-digit APPIC Member Number: 2342

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The VASNHS Psychology Internship Program in Health Service Psychology accepted its first class of three interns on 7/1/2015. The program was granted Full Accreditation status by the American Psychological Association on August 7, 2020 with our next accreditation site visit scheduled for 2023. The Psychology Internship Program at VASNHS is also an APPIC member. The information provided in this document will be updated yearly and as appropriate. If you have questions that are not adequately addressed by the following, please contact the Psychology Training Director.

Number of Interns: Expected for 2022-2023: 3
Stipend: \$26,690 (2021-2022)

The internship is for one full year (2080 hours), beginning on July 5th, 2022 and ending July 6th, 2023. It is the policy of VASNHS' Psychology Internship Program that all Interns must be present on the final day of Internship. Stipends are paid in 26 bi-weekly installments. For additional information go to:

<http://www.psychologytraining.va.gov/benefits.asp>

Requirements for Admission

To be considered for admission, candidates must be graduate students in good standing in an APA- or CPA-accredited program in clinical or counseling psychology. They must have completed their masters' degree or equivalent and have completed their qualifying doctoral examination or equivalent. Candidates must be certified as ready for internship training by the Psychology Training Director of their doctoral programs. In addition, VASNHS Psychology Internship Program applicants must have their dissertation proposal approved prior to application. Selected interns must have capabilities and goals consistent with the mission, goals and objectives of the Psychology Internship Program. Applicants must be U.S. citizens.

The Psychology Internship Program encourages applications from qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status. The internship aims to foster a diverse psychology workforce and supports an inclusive work environment that ensures equal opportunity. We encourage psychology trainees of diverse backgrounds, in all of the ways that diversity is expressed, to apply to the Psychology Internship Program.

The VASNHS Psychology Internship Program staff and the Psychology Training Director will vet applicants. Typically, well qualified candidates would be invited to visit the local facilities, at their personal expense; however, given the COVID19 pandemic, we will be conducting virtual interviews via video conferencing platforms for the 2022-2023 year. Interviews will be conducted with the Psychology Training Director and other training faculty members. Interviews will be conducted in January.

The Psychology Training Director, with input from program faculty members, will make the final selection decisions for rankings. No information regarding rankings shall be given or received.

Application Procedures

- Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at: <http://www.psychologytraining.va.gov/eligibility.asp>
- Completed AAPI materials
- Cover letter
- Current curriculum vitae
- Official graduate transcript(s)
- The Academic Program's Verification of Internship Eligibility and Readiness
- Three letters of recommendation, from clinical supervisors and advisors who will speak directly about the quality of your clinical and/or academic work
- Background check upon hire
- All materials must be submitted for review online by November 22, 2021 at 11:59p.m (PST). This internship site follows the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant
- We will notify applicants of selection for an interview by December 17, 2021 by 5 p.m. (PST). Interviews will be conducted virtually starting in early January

For more information about application processes you may contact the following individuals:

Nicole Anders, Psy.D.
Acting Training Director
Nicole.Anders@va.gov
702-791-9000 x 14304

Accreditation Status

VA Southern Nevada Health Care System, Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which defines and administers the manner in which offers of internship and acceptances are conducted. VASNHS participates in the computer matching program <https://natmatch.com/psychint/> and follows all APPIC policies. We take APPIC and APA guidelines seriously and are committed to full adherence.

The Psychology Internship Program at VASNHS is Fully Accredited by the American Psychological Association with our next accreditation site visit scheduled for 2024. For information regarding APA accreditation, potential applicants are referred to the Commission on Accreditation: Office of Program Consultation and Accreditation,

American Psychological Association 750 1st Street, NE, Washington, DC 20002.
Phone: (202) 336-5979.

E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

The Overall Training Setting

VA Southern Nevada Healthcare System (VASNHS) currently has 70 approved psychologist positions. Most psychologists, including interns, report to Behavioral Health Service. Behavioral Health Service has over 300 full time providers across disciplines. VASNHS has experienced rapid expansion and restructuring in the last several years, including opening all new facilities.

VASNHS provides outpatient and inpatient medical services to Veterans residing in Southern Nevada with an official catchment area of Clark, Lincoln, and Nye Counties. VASNHS also draws Veterans from Arizona, Utah, and California. VASNHS is geographically dispersed within the metropolitan Las Vegas area, Henderson, Pahrump, and Laughlin, Nevada. Primary and Specialty Care services are disbursed among several clinical sites located within the Las Vegas valley including the Northwest Primary Care Clinic (PCC), Northeast PCC, Southwest PCC, and Southeast PCC. Community Based Outpatient Clinics (CBOC) are located in Pahrump, NV and Laughlin, AZ to provide rural health care to Veterans.

The health care system opened a comprehensive medical center in 2012 that provides specialty and inpatient services. Inpatient services include 90 Medical, Surgical, Psychiatric, ICU, Step-Down, and Rehabilitation beds. An Emergency Department is located at the medical center. Educational and Administrative buildings were activated in FY 2015. A Fisher House ground breaking took place in March of 2016. VASNHS maintains a joint venture with the Department of Defense, 99th Medical Group, at the Mike O'Callaghan Federal Medical Center (MOFMC). VASNHS also maintains a Community Referral and Resource Center (CRRC) for homeless and at-risk Veterans. The Veterans Recovery Center (VRC) includes a Psychosocial Rehabilitation Recovery Center (PRRC), a Mental Health Intensive Case Management (MHICM) team, a Compensated Work Therapy (CWT) team, and a Veterans Justice Outreach (VJO) team.

In 2019 VASNHS opened the Las Vegas VA Residential Recovery and Renewal Center (LVR³). As VASNHS continues to expand person-centered services to meet the needs of Veterans, the inauguration of LVR³ marks the first behavioral health residential program at the VA Southern Nevada Healthcare System. LVR³ is a 45-60 day, 20-bed substance use and gambling disorder residential treatment program, with five dedicated rooms for female Veterans. Interns may be offered the opportunity to train within the LVR³ via group psychotherapy and individual psychotherapy options.

Psychology Setting within VASNHS

Psychological services and training at VASNHS are predominantly under the purview of the Behavioral Health Service. The Behavioral Health teams have a collaborative interprofessional emphasis with the following disciplines: psychology, psychiatry, social work, nursing, primary care medicine, pharmacy, recreation therapy, and peer support specialists. Psychologists hold important positions in key areas such as PTSD, Substance Abuse, Neuropsychology, Pain Management, Home-Based Primary Care (HBPC), Suicide Prevention, Acute Inpatient, Primary Care Mental Health Integration (PCMHI) and the Behavioral Health Integration Program (BHIP). Several psychologists practice within BHIP programs embedded in the four primary care clinics. BHIP teams practice at the forefront of interprofessional collaborative care. Interdisciplinary staff interface with teams that include two psychologists, two clinical social workers, two psychiatrists, an OIF/OEF case manager, and a peer support specialist. Interdisciplinary team meetings occur weekly where the unique contribution of each member is central to collaborative care decisions emanating from Veterans' self-articulated recovery plans. The BHIP teams represent a state-of-the-art opportunity for interns to hone clinical and professional skills within an interprofessional collaborative care model.

Patient Population

Since 1972, VA Southern Nevada Healthcare System has been improving the health of the men and women who have so proudly served our nation. Services are available to more than 240,000 Veterans living in our catchment area. Within the sunny Las Vegas valley and surrounding areas, VASNHS provides health care services to more than 45,000 patients yearly, exceeding 450,000 outpatient visits per year. In Fiscal Year 2019, VASNHS Behavioral Health Service had 115,851 appointments and 17,187 unique patients. VASNHS serves a predominantly male population ranging in age from 18 to 90 or more years. In recent years, the number of women (~9%) and younger Veterans accessing services has steadily increased. All racial/ethnic groups are represented and there are large Filipino and Pacific Islander communities. Varied socioeconomic and demographic classifications are represented.

Preface

The VA Southern Nevada Healthcare System (VASNHS) internship was developed to address community and Veterans Health Administration needs within the greater Las Vegas Metropolitan area with respect to recruiting and training newer psychologists. VASNHS is steadfast in its commitment to providing high quality training to psychology interns with emphasis toward preparation in VA and public sector careers.

At VASNHS, the internship year is conceptualized as a set of clinical and professional skills that interlock. The internship training year includes a year of intensive clinical training under the supervision of licensed psychologists. In addition to direct supervision from licensed psychologists, interns will work within dynamic intercollaborative professional teams consisting of medical and allied health professions. Training at the

VASNHS is crafted to expand and enhance professional psychology competencies.

The program trains doctoral candidates to function as autonomous professionals in varied health care settings, with emphasis on the role of the psychologist in state of the art medical settings. Within a generalist model, the Psychology Internship Program (PIP) also seeks to provide strong grounding in fundamental and advanced practice skills within particular areas of emphasis (e.g. Addictive Disorders, PTSD, and Acute/Inpatient Care). Acquisition of core competencies in Evidence-Based Psychotherapies within the intern's rotations is paramount. The practitioner-scholar model of training in psychology is emphasized. Training is experiential, supervised and graded in complexity. Learning is a developmental and sequential process leading toward the ultimate goal of independent practice. The PIP is designed to promote professional competency and engender skills in complex clinical reasoning. The VASNHS internship program is focused on training doctoral candidates who are oriented toward practice in professional psychology in VA and the public sector. In addition to acquiring technical skills, development of the intern's professional identity equally lies at the core of the Psychology Internship Program's goals. Professional identity includes multiple components such as theoretical orientation and area emphasis. A significant portion of the psychologist's professional identity is developing a keen understanding of the unique and additive contributions of health service psychology. The professional psychologist appreciates how psychology interconnects with the contributions of other disciplines. An additional component involves an understanding of professional behavior and conduct. This includes legal and ethical competency, as well as awareness of the self in professional practice. The internship program emphasizes that how we practice can be as important as what we practice. Overall, the growth of professional identity, along with the attainment of core clinical competencies, will prepare interns for successful entry into the profession.

Introduction

Overview of the Program

The internship is a generalist program designed to train clinical and counseling doctoral candidates for competent professional work in the postdoctoral year or in entry-level psychology positions. The basic requirement of the training program is satisfactory performance in applied clinical work in General Mental Health (BHIP) and Primary Care Mental Health Integration (PCMHI), one area of emphasis (e.g. Addictive Disorders, PTSD, Couples and Family Services, and Acute/Inpatient Care), and a minor rotation in psychological assessment (which includes neuropsychology assessments and health psychology assessments). Evidence-Based Psychotherapy is taught at-length and expected to be used within each rotation. Clinical experience is supplemented by a variety of educational offerings.

Clinical experience is gained during four 12-month placements. This rotation system is designed to provide opportunities within General Mental Health, Primary Care Mental

Health Integration, an area of emphasis, and a minor rotation in psychological assessment. The psychological assessment experience occurs concurrently with the other rotations. Prior to selecting placements, interns receive current information about the experiences available in each rotational element, and are guided based on individual goals and prior experience with the objective of tailoring a well-rounded internship.

Administrative Information

Work Hours

Like other Medical Center employees, interns typically work a 40-hour week, with hours varied due to rotational requirements. Interns can anticipate spending approximately 25-30 hours per week engaging in direct clinical care. Some units organize their week to include one or more days when the staff works different hours (e.g., 12:00 noon – 8:30pm). The Training Director must be notified in writing of such non-standard schedules to ensure that interns are not expected to work excess hours.

Leave

Interns accrue four hours each of annual leave (vacation) and sick leave per pay period (26 total pay periods). Interns receive all federal holidays. Interns will additionally receive 5 days of Authorized Absence for professional development activities such as defending dissertation, postdoc interviews, etc. More detailed information regarding leave can be found in the Internship Manual and will be discussed during orientation week.

Rotation Calendar

For the internship year, four rotations are scheduled based on intern request, training goals, supervisory staffing patterns, and logical issues such as clinic operating hours. Typically, rotations are 12-months in duration.

Training Program Resources

Supervisors

Supervisors are a vital resource to the training program. High quality supervision is at the center point of the training faculty's values. Supervisors model clinical and professional conduct. Similarly, supervisors are responsible for the provision of clinical and professional feedback. Supervisors facilitate the inculcation of interns within the treatment milieu. Supervisors affirm the intern as important member of clinical and professional teams. Supervisors coordinate interns' clinical experiences, collaborations and team roles. Supervisors hold responsibility for determining developmentally appropriate supervision levels within legal and ethical standards. Each supervisor meets with the intern for no less than one hour per week, per rotation. Augmented supervision

is also available depending on the intern's desire and circumstances. Interns receive a minimum of 4 hours of supervision per week. Supervision follows the guidelines outlined in VHA HANDBOOK 1400.04. Supervision hours will be tracked by the Training Director.

The internship aspires to conduct supervision by direct observation. Depending on the technological capabilities of rotation sites and intern need, each supervisor will provide direct observation of service provision to include at least one time per rating period in person, via video streaming, or video recording. Supervisors will also be required to participate in the training committee. VASNHS psychology internship supervisors will offer the following types of supervision to interns based on initial evaluation and direct observation over the course of the internship: In the Room, In the Area and Available. Available supervision is only employed in the event of unanticipated leave by the primary supervisor and the Training Director and/or his/her designee covers the services of the intern.

All supervisors new to the VASNHS Training Program must be voted in by a two thirds majority; Voting will be conducted in a closed meeting consisting of voting committee members. All new supervisors must participate in a mentoring program with the Training Director, Associate Training Director and/or another experienced supervisor as directed by the Training Director, even if already serving on the Training Committee. The duration and intensity of the mentoring program will be determined on a case-by-case basis. Additionally, all supervisors should have at least 2 years experience post-licensure; exceptions to this rule can be made under certain circumstances.

Learning Experiences

Orientation: During the first week (or longer depending on matriculation timing and service needs) of entrance into the Psychology Internship Program, interns are introduced to the policies and procedures of the Psychology Internship Program, as well as pertinent information about the overarching Behavioral Health Service and the Medical Center.

Each supervisor describes the learning opportunities available within the rotation they supervise during individual and/or group meetings. Interns meet individually with the Training Director to discuss strengths and weaknesses in previous training, and to discuss how residual training needs may be met within the PIP. On the basis of this information, along with program evaluations by previous interns, the interns craft their training plan in coordination with supervisors and the Training Director.

Rotation Structure

Rotation placements are the learning settings negotiated between interns and training

staff. The goal is for interns to broaden their experience and enhance their competence. The internship year is divided into four 12-month rotations. This division of time is designed to allow for breadth and depth of experience in core areas. The general rotation structure is depicted below.

Psychology Predoctoral Intern Rotational Structure	<p>Core Area: 8 Hours General Mental Health (may be at locations other than the main hospital)</p> <p>Core Area: 8 Hours Primary Care Mental Health Integration (may be at locations other than the main hospital)</p> <p>Area of Emphasis: 16 hours (e.g., Addictive Disorders, PTSD, Couples and Family Services, and Acute/Inpatient Care).</p> <p>Minor Rotation: 8am to 2:30pm on Tuesdays in Assessment</p>
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Interns may expect to spend approximately 25 to 30 hours of a 40-hour work week engaged in clinical care activities across rotations.

Comprehensive Assessment Requirement

Psychological assessment is a unique competency of the professional psychologist. Intermediate to advanced skill in this domain is an APA accreditation requirement. The PIP designs training experiences that include opportunities to further develop competency in producing professional level assessments and reports relevant to training goals and career aspirations. In addition to any rotation specific assessments and report writing, interns are required to complete seven integrated psychological evaluations/reports during the year (3 neuropsychology, 2 general psychological assessment, and 2 health psychology assessments – subject to availability). These evaluations should be based on a combination of three or more assessment instruments and/or methods that are widely accepted, empirically supported, and clinically informative. The selected assessment instruments must be approved by the supervisor and the Training Director. These evaluations must result in an integrated report, which demonstrates the intern's ability to integrate complex assessment information into a coherent and concise narrative.

These assessments may be supervised by the intern's supervisor or by another staff member with appropriate expertise relevant to the referral question. These assessments are to be performed to enhance patient care and are to be written and submitted to the supervisor within one week from the last day of testing. Specifically, initial report drafts are to be completed within five business days of the last day of testing and submitted to

the supervisor. Results are to be conveyed to the referring source with appropriate urgency. Therefore, final revisions will be submitted to the record within 72 hours after the supervisor returns the draft to the intern. All integrated reports must be completed, co-signed, and entered into the medical record no less than one month prior to the end of the internship. A record of all integrated reports must be submitted to the Psychology Training Director no less than one month before the end of the internship, and that record will become a part of the intern's file as documentation of integrated report writing experiences during internship.

Recording and Transcription Requirement

Interns are required to complete a total of four 5-minute transcriptions of recorded sessions over the course of the first 6 months of the training year with two 5-minute transcriptions required from the core General Mental Health rotation and two 5-minute transcriptions required from the Area of Emphasis rotation (i.e. PTSD, ADTP, or Inpatient). Of note, these are independent of the required recordings for the EBP rotation. Interns will also complete self-critiques and provide these to primary rotation supervisors along with each transcription.

Interns will then provide monthly recordings of sessions during the second 6 months of the training year to primary rotation supervisors along with selected 5-10 minute time frames to focus on during supervision. Interns will also provide a writeup of areas identified by the Intern to be in need of improvement along with selected times for the primary rotation supervisor to review and discuss during supervision.

Intern Case Conference Series

Interns will be required to present one psychotherapy case during the training year. These presentations will be attended by supervisory staff, interns, and practicum students. Specific instructions regarding the format of psychotherapy case conferences will be provided to interns during orientation. Presenters are responsible for deleting recorded sessions and written materials after the conclusion of the case presentation as appropriate.

For psychotherapy case conference presentations, recording of one patient is required for each presentation with several selected 5-minute portions recommended. Presenters are expected to establish goals for the presentation and should aim to present cases with which the presenter has some difficulties and desires feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. Fellow Interns will be expected to initiate participant discussion and take an active role in providing feedback to the presenter regarding the therapeutic process or other aspects of the presentation. The presenter will be evaluated on an informal, proximal basis during supervisor Training Committee meetings. If the intern's presentation is deemed unsatisfactory for an intern in training, supervisors will meet with the psychotherapy supervisor of the presenting intern to offer feedback and guidance.

Research Presentation

During the training year, interns will complete a 30-minute research presentation to training committee and fellow interns. Although this topic must be related to psychology, interns present on a topic of their choosing. The topic can be related to a dissertation, an area of interest/area the intern would like to explore more of, or something currently being worked on. For this presentation, interns are to conduct a literature review and present on relevant research related to the topic. This includes, relevant background information, main findings of various peer reviewed research articles, and discussion of results and implications according to the research. Interns should save some time at the end of the presentation for questions.

Mentorship

A mentor is defined by the American Psychological Association as “an individual with expertise who can help develop the career of a mentee” (APA, 2006). Mentors guide, train, advise, and promote the career development of their mentees. APA further establishes two primary functions for mentors. The career-related function defines the mentor as a coach who provides advice to enhance the mentee’s professional performance and development. The psychosocial function defines the mentor as a role model and support system for the mentee. Both functions provide invaluable guidance related to professional development as well as general work-life balance.

The VA Southern Nevada Healthcare System is committed to the professional development of interns and strongly encourages interns to work with a mentor during the training year. Members of the Psychology Service interested in serving as mentors have completed an application that is reviewed by the Training Director, Associate Training Director, and Chief of Psychology. A list of names and clinical, research, and professional interests of each mentor is provided to interns at the beginning of the training year. Interns will then have an opportunity to select a mentor that matches closely with their interests, goals, and styles. The relationship between the mentor and the mentee is non-evaluative and provides an opportunity for interns to build a relationship with an established psychologist who provides support, guidance, and modeling. Meetings between mentors and mentees will occur at least once per month and specifics regarding mentorship will be established during their initial meeting. Of note, this is not a requirement but a voluntary aspect of our training program.

Seminars and Education

The training consequent to experiential clinical learning is supported by internship seminars and by educational programs offered in the larger Medical Center community. The Psychology Internship Program offers no less than 50 hours of didactics/seminars during the training year, generally held on a weekly basis. They will be specifically oriented to the training needs and interests of the interns. Feedback regarding seminars is used to help guide the content of future seminars and educational opportunities. Near the mid-point of the year, Interns each present a 30-minute seminar on a research

related topic. Interns present a 60-minute seminar at the end of the year. This presentation can be related to one's dissertation topic, a case presentation, a job talk, etc.

To encourage lifelong learning, interns are further expected to complete 8 hours of additional education offered through the Medical Center, UNLV, UNSOM, or an appropriate professional organization (e.g., APA, SBM, ABCT). Of note, various services within the medical center sponsor educational offerings pertinent to psychology. Interns document the 8 hours of additional education on a "Continuing Education Record", which is submitted to the Training Director at the end of the internship year and placed in the intern's file.

Interns are released from their clinical duties during scheduled internship seminars and other approved meetings. Release time to attend other educational programs is negotiated with the supervisor, taking into account patient-care responsibilities and clinic coverage issues. Authorized absence may be granted for travel and attendance at professional meetings, as described elsewhere.

The PIP includes the following didactics and seminars:

- Internship Seminar: The Internship Seminar functions to augment program competencies via interactive and didactic presentations. Seminars are also influenced by Intern learning plans; Topics likely include overviews of therapeutic techniques and modalities, diversity issues, inter-collaborative practice, military culture, psychopharmacology, etc.
- Assessment Seminar
- Evidenced-based Psychotherapy Trainings: The Evidence Based Psychotherapy Trainings serve to prepare Psychology Interns to competently provide evidence based psychotherapy through an in-depth examination of the history of evidence based practice, and the theoretical and clinical application of suitable evidence based assessments and therapeutic modalities to include: Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavior Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Skills Training in Affective and Interpersonal Regulation (STAIR), Integrative Behavioral Couple Therapy (IBCT), and Conjoint Behavioral Couple Therapy for PTSD (CBCT). It is required that each intern complete a minimum of 4 full EBP protocols throughout the training year and that of the 4 completed protocols the use at least 3 different modalities. These protocols are completed within each rotation.

Writing Assignment: At the beginning of the training year each Intern will be presented with a writing assignment to be turned in to the training director. This allows the Training

Committee to determine the extent to which writing skills need to be addressed in supervision.

Supervision of Supervision is another training element that may be offered during the training year. Connected to the competency of supervision to trainees, the PIP may include laddered supervision wherein Interns augment supervision on select practicum trainee cases under the close supervision of a licensed psychologist. The provision of supervision by Interns is supported in multiple ways, including Interns mandatory participation in a year-long didactic and mentoring seminar on supervision techniques and standards. Please note that Training Committee will make all efforts to make Supervision of Supervision available when trainees verbalize interest in this training element.

Intern/Training Director Meeting

Thirty minutes to one hour per week is set aside for interns to meet together with the Psychology Training Director as a group, in order to provide peer supervision, a forum for mutual professional support, and as an opportunity to practice the development of collegial professional relationships. This meeting is also specifically designed for the program to receive information from interns and to inform potential programmatic adjustments as appropriate. Interns are released from competing activities at this time.

Intern Socialization Meeting

Once a month the Psychology Interns will meet for one hour (day and time to be determined at the beginning of the training year) for an unstructured, non-evaluative meeting. This time will be used to ensure the opportunity for appropriate peer interaction, support, and socialization. Interns will also discuss any feedback or suggestions to be provided by the Training Committee Intern representative at the next scheduled Training Committee meeting.

Diversity Didactic

On the 3rd Tuesday of each month the Psychology Interns are required to attend the Diversity Didactic which is open to all Psychologists and in some cases, open to everyone within Behavioral Health and Social Work services. The didactic series focuses on different cultural influences and aspects of cultural identity; and how these themes interact with the structures of everyday society. As part of professional development, the Psychology Interns will pair up with a staff member of their choice to develop and present one (1) Continuing Education (CE) program. Interns can choose a topic from a provided list or present on a topic of their choosing. As we aspire to have diversity work interwoven in the fiber of our practice and service, every 4th Tuesday of the month, the Psychology Interns will meet as a smaller group with the Diversity Committee Chair to provide a space to reflect on the prior week's Diversity Didactic. To help with preparation, please note, Psychology Interns will receive training on how to conduct CE programs at the beginning of the year.

Staff Meetings

Interns are encouraged to participate as members of the Medical Center's professional community. Attendance at staff meetings, schedule permitting, provides interns with an opportunity to learn about the administration of health care, interprofessional relationships, and institutional considerations that affect practice and professional life. Mental Health Staff Meetings occur on the 3rd Thursday of the month from 2:30-4:00pm. Staff meetings at outpatient and specialty clinics vary based on site.

Professional Meetings

Interns are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff (see the leave section for more details). Absences for such meetings must be discussed with the supervisor and subsequently approved by the Psychology Training Director.

Research

The internship is conceptualized as a clinical immersion experience. However, interns may conduct research as appropriate. The internship provides opportunity to develop studies related to their field of study when an appropriate supervisor is available.

Library and Information Resources

The Medical Center library is available to staff and interns. The library provides access to electronic searches and electronic professional journals. The VHA National Desktop Library can be access through the following (<https://www.va.gov/library/>).

Constraints in Rotation Negotiation

While there is an institutional desire to accommodate training goals in the rotation selection process, there are also important constraints:

- All Interns must participate in General Mental Health as a major rotation.
- All Interns must participate in Primary Care Mental Health Integration as a major rotation.
- Each supervisor can have the equivalent of two full time interns at a time.
- Each intern must participate in an emphasis area (PCMHI, Substance Use Disorders, PTSD or Inpatient Care).

- While additional training opportunities are available under certain circumstances, they occur at the approval of the supervisor of the rotation affected.
- Due to organizational restructuring and a number of other predictable and unpredictable events, some rotations may not be available for interns during the training year.
- In the event that an intern is deemed to have a deficiency suggesting that specific training experiences are required in an effort to remedy this deficiency, the Training Committee may require particular training experiences of an intern. Such requirements may impact the rotation structure.

Rotation Descriptions:

General Mental Health (BHIP) Rotation (8 hours per week; 12-month rotation Core Area): Ronald Freche, Psy.D., Kara Klingspon, Ph.D., and Leandrea Caver, Ph.D.

This element of training may be completed either at the VA Medical Center or an outpatient clinic. This requirement is fulfilled through a 12-month rotation in BHIP (Behavioral Health Integration Program). The general mental health rotation has a main focus on exposing the intern to a wide range of presenting problems, using both short- and long-term treatment modalities. Multidisciplinary clinics provide expansive and integrated medical and mental health treatment to assure treatment optimization. Interns will be involved in an interprofessional collaborative mental health program team often consisting of providers from psychology, psychiatry, social work, and nursing. The intern may anticipate conducting individual, couples, and group psychotherapy for Veterans from diverse socioeconomic, cultural, and ethnic backgrounds. Veterans served are anticipated to present with diverse levels of functioning, capability, and symptom intensity. Opportunities for interns to experience working with co-occurring mental health diagnoses, as well as serving Veterans with concomitant medical problems (i.e., pain, traumatic brain injury and ambulatory problems), will be available. Treatment at VASNHS emphasizes the application of Evidence Based Psychotherapy (EBP) approaches under the supervision of Veterans Affairs EBP providers. This rotation affords the student an opportunity to provide clinical assessment that includes psychometric testing, risk assessment, and screening cognitive of functioning.

Primary Care-Mental Health Integration Rotation (8 hours per week; 12-month rotation Core Area): Elizabeth Briggs, Psy.D. and Onyinyechi Anukem, Ph.D.

The mission of PCMHI is to improve the health care of veterans by increasing the integration of behavioral health prevention and treatment services into the primary care setting. Interns completing the Primary Care-Mental Health Integration rotation will have the opportunity to function as an active member of an interprofessional team within the primary care clinic. Primary Care-Mental Health Integration is an interprofessional outpatient mental health service embedded within primary care. VASNHCS has four primary care clinics located across the valley, as well as one within the main hospital. A

primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions. Psychologists operating in this rotation perform a variety of clinical and consultative functions to include initial assessment, interdisciplinary treatment planning and care coordination, brief individual and group psychotherapy, and psychoeducation for veterans within a primary care setting. Some of the treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, mindfulness-based interventions (e.g., Acceptance and Commitment Therapy), and relaxation training. Interns gain experience in treatments for health behavior change for tobacco cessation, weight management, diabetes management, medication compliance, sleep hygiene, and substance use. Finally, interns may have the opportunity to participate in the national PCMH competency training offered annually. Veterans receiving care in this clinic are quite diverse in age (late teens to 90+), ethnicity, gender, and presenting concerns.

The Addictive Disorders Treatment Program (ADTP); (16 hours per week; 12-month Area of Emphasis): Alexandria Moorer, Psy.D. and Meghan Walls, Psy.D.

ADTP is staffed by a collaborative interdisciplinary team and is designed to support care within both abstinence based and harm reduction frameworks. In ADTP, there are multiple training opportunities in the assessment and treatment of addictive disorders and co-occurring conditions. Las Vegas is unique in that ADTP includes a long-standing program aimed at recovery from problematic gambling. ADTP services address the continuum of recovery from initial engagement and contemplation of change through long-term recovery. Treatment addresses an array of difficulties, including affective disorders, psychoses, substance-induced affective or psychotic symptoms, trauma and other stressor-related disorders, anxiety disorders, personality disorders, and comorbid medical problems. Treatment approaches focus on a biopsychosocial model and include Cognitive Behavioral Therapy, Motivational Interviewing, Medically Assisted Recovery, and case management aimed to enhance well-being. Interns will carry a caseload of patients that are seen for individual therapy and will also facilitate groups. Interns may offer groups and individual treatment in acute inpatient, residential (domiciliary), intensive outpatient (IOP), and outpatient settings. Outpatient groups include Cognitive Behavioral Therapy for Substance Abuse Disorders (CBT-SUD), Seeking Safety, Mood Management, Acupuncture for Addiction, and other semi-structured process and education groups.

The Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team (16 hours per week; 12-month Area of Emphasis): Nicole Anders, Psy.D., James Maltzahn, Psy.D., Tricia M. Steeves, Ph.D., and Pamela Finder, Psy.D.

The PTSD Treatment Program offers an interdisciplinary training environment in which interns refine skills in the areas of assessment, treatment planning, individual therapy and group therapy. This rotation provides interns with a foundation in trauma and specialized skills in assessment, diagnosis, and treatment of PTSD. This program currently offers treatment for Combat and Non-Combat related PTSD and Military

Sexual Trauma related PTSD. Staff members at the VASNHS developed a treatment program based specifically on the needs of Veterans diagnosed with PTSD related to their traumatic experience. Veterans are fully assessed by clinicians in order to determine program eligibility and treatment needs. The PTSD Clinic's Treatment Program consists of (1) a CORE individual EBP (i.e., PE, CPT, and EMDR) upon entry, that is at times coupled with any one of the CORE CPT Groups: Combat, Men's MST, and Women's MST Groups (prn), after the Veteran has completed or completed a significant portion of the individual PTSD EBP. After successful completion of the entire CORE individual EBP, the Veteran is invited to consider participating in (2) groups specific to their individual needs; these Elective Groups include: Women's Mind-Body Group, Mindfulness-Based Stress Reduction, Posttraumatic Growth (PTG) and CBT-I.

**Couples and Family Services (16 hours per week; 12-month Area of Emphasis):
Benjamin Loew, Ph.D. and Kara Klingspon, Ph.D.**

This rotation's mission is to provide significant experience in multiple styles and formats of relationship systems intervention, and exposure to relationship systems program development. It is supervised by two ABPP board-certified Couple and Family Psychologists and includes conducting co-therapy with each of these supervisors (separately). Evidence-based systems psychotherapies are the primary focus of this rotation, particularly Integrative Behavioral Couple Therapy and Cognitive-Behavioral Conjoint Therapy for PTSD. Experience in Behavioral Family Therapy for Serious Psychiatric Illness and Behavioral Couples Therapy for Substance Use Disorders will be available as referrals permit. All of these systems psychotherapies begin with several sessions of relationship systems assessment. Relationship systems class intervention experiences are also part of the rotation, as is involvement in discussions of program development goals, challenges, and activities. The rotation provides experience working with relationship systems across a range of diversity variables, such as ethnicity, sexuality, socioeconomic status, and age. These systems also include significant diversity in comorbid behavioral and medical diagnoses, and presenting concerns (e.g., pre-marital enhancement, communication difficulty, affair recovery).

Expected Competencies

The Internship in Health Service Psychology at the VA Southern Nevada Healthcare System is a generalist program and is designed towards facilitating the development of core professional competencies expected of an entry level psychologist. The program encourages both refinement and expansion of competencies. The opportunity for development in an area of emphasis is included in the program's structure. Several other program components (e.g., didactics, Evidence Based Psychotherapy (EBP) Seminar, Assessment Seminar, and Supervision of Supervision) provide opportunities for development of competencies. The Psychology Internship Program focuses on the acquisition of intermediate and advanced skills in the following competency domains that closely parallel the Standards of Accreditation set forth by the Commission on Accreditation. There are expectations of continued growth and engagement with a greater degree of independence throughout the training year and across rotations for

each of the competencies.

1. Scholarly Inquiry and Application of Scientific Knowledge: In line with the practitioner-scholar model, interns demonstrate the ability to integrate science and practice. They demonstrate the ability to critically evaluate research and scholarly activities and work towards dissemination of this information (e.g. case conferences, presentations, publications) at the local (including the host institution), regional, or national level. Interns continue their exposure to scholarly activities through active participation in the Evidenced-Based Therapy Seminar, reading manuals and articles recommended by supervisors, and attending off-site conferences/trainings.

2. Ethical and Legal Standards: Interns demonstrate an intermediate to advanced level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations. They will demonstrate the ability to think critically about ethical dilemmas/issues, utilize ethical decision-making processes, and seek consultation when confronted with ethical dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.

3. Individual and Cultural Diversity: Interns show understanding of and thoughtfulness to diversity issues in the practice of Psychology. They possess an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. Interns seek out information about cultural/diversity characteristics and/or seek supervision when confronted with unknown diversity issues. Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during their training. Attention to diversity will be incorporated in all areas of practice.

4. Professional Values and Attitudes: Interns demonstrate skill in conducting themselves with integrity, deportment, and accountability. They possess an appropriate level of confidence and are introspective regarding their status as developing Psychologists. They prepare for and utilize supervision effectively and demonstrate an ability to self-reflect as it relates to their personal and professional functioning and growth. In all professional contexts, interns demonstrate a concern for the welfare and general well-being of others.

5. Communication and Interpersonal Skills: Interns possess the ability to develop and maintain effective relationships with Veterans and their families, colleagues, other staff members, peers and members of the community/non-VA organizations. Oral,

nonverbal, and written communication is clear, informative, well-integrated, and reflects a thorough grasp of professional language and concepts. The intern possesses effective interpersonal skills that allow he or she to effectively manage interpersonal challenges and conflictual relationships.

6. Assessment: The Intern will demonstrate appropriate diagnostic interviewing skills, engage in differential diagnosis utilizing the DSM-5, and demonstrate the ability to select appropriate assessment methods to address the presenting problem. The Intern will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Selection of assessment methods, interpretation of results, and recommendations will be made based on the empirical literature. Interns will demonstrate competency in administration and interpretation of personality, cognitive, and neuropsychological assessment tools. Interns will display the ability to communicate findings and recommendations orally and in writing in a clear and concise manner.

7. Intervention: Interns demonstrate competency in conducting interventions across a range of presenting problems and populations. Interns demonstrate a working understanding of empirically supported therapeutic approaches for specific diagnostic areas. They develop evidence-based intervention plans specific to service delivery goals. Interns display clinical decision-making informed by relevant scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They effectively maintain therapeutic relationships and discuss issues of confidentiality and informed consent. Interns monitor or evaluate progress of interventions using appropriate measures or methods. Interns plan for and manage termination issues appropriately and sensitively.

8. Supervision: Interns demonstrate understanding of theories and methods of supervision and demonstrate the ability to apply such understanding. Interns demonstrate competency in supervising other trainees under the supervision of appropriately qualified Psychology staff. Interns demonstrate the ability to provide feedback appropriate to the developmental level of the supervisee and handle resistance/challenges in the supervisory relationship.

9. Interprofessional Collaborative Practice and Systems Understanding: The ability to practice within an interdisciplinary and dynamic medical community lies at the base of evolving competencies in professional psychology. Interns are expected to demonstrate capacities in shared decision making, and effective interprofessional relations. Interns demonstrate the ability to advocate for the role of psychology while also having an

appreciation for the roles of other professionals. They demonstrate the ability to communicate and interact effectively in interprofessional practice.

Evaluation Processes

A detailed description of evaluation processes including Intern evaluation of the program, Intern evaluation of the supervisor/rotation, and evaluation of the Interns progress by the supervisor can be found in the Internship Manual and will be discussed thoroughly during orientation week.

Grievances and Due Process

A detailed description of Grievance and Due Process procedures can be found in the Internship Manual and will be discussed thoroughly during orientation week.

Internship Admissions, Support, and Initial Placement Data

*Data Program Tables updated: 6/25/2021

Internship Program Admissions

The minimum requirements for entry into the training program include 1) United States citizenship, 2) enrollment in an APA or CPA accredited Doctoral Program of Clinical or Counseling Psychology, 3) comprehensive examination passed prior to beginning internship, 4) dissertation proposal approved, 5) verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration), 6) pre-hire urine drug testing, 7) pre-hire background check and 8) maintaining a current flu vaccination during the training year (or taking additional preventive measures to limit patient exposure to the flu).

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours		Yes	Amount: 500 hours
Total Direct Contact Assessment Hours		Yes	Amount: 50 hours

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,690	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	

If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period (13 days per year)	
Hours of Annual Paid Sick Leave	4 hours per pay period (13 days per year)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Administrative Leave for dissertation defense, post-doctoral interviews, conferences (approved by Training Director), post-internship job interviews		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Academic teaching		
Community mental health center	1	
Consortium		
University Counseling Center		
Hospital/Medical Center		
Veterans Affairs Health Care System	4	1
Psychiatric facility		
Correctional facility	1	
Health maintenance organization		
School district/system		
Independent practice setting		
Other		2

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Emergency Plans

Early in 2020 the world faced an unprecedented global crisis with the COVID19 pandemic. VASNHS Training Committee was fully supported by leadership to quickly devise emergency procedures to maintain the productivity, integrity, and rhythm of the training program with minimal impact on our trainees. Behavioral Health Service within VASNHS rapidly transitioned to telework for everyone's safety. Telework agreements were approved for interns who subsequently were set-up with PIV card readers and access to the VA network from their homes. Interns were not furnished with VA computers; however, they were able to use their personal computers for telework purposes. Supervision was conducted virtually via video connection. Minor modifications were made to the training program in light of this unforeseen crisis. Interns were able to continue to engage in clinical practice in accordance with all APA and APPIC guidelines, thereby continuing to gain valuable experience utilizing telehealth as well as continuing to build clinical hours necessary for successful completion of internship. Interns were also able to continue engagement with all didactic activities. As a result of the COVID-19 pandemic, the Psychology Training Program developed a written Emergency Response Policy that can be used during any emergency situation.

VASNHS Psychology Training Program Emergency Response Policy

In response to the COVID-19 pandemic the VASNHS Psychology Training Program implemented the following emergency response policy. This policy is fluid and our response to the pandemic is subject to change based on needs and safety.

Definitions:

Telesupervision is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

In-person supervision is clinical supervision of psychological services where the supervisor is physically in the same room as the trainee.

Emergency: any event (e.g., natural disaster, mass casualty, pandemic, etc.) that requires an alteration in normal operations.

APA typically dictates that:

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision
- How telesupervision is consistent with their overall model and philosophy of training
- How and when telesupervision is utilized in clinical training
- How it is determined which trainees can participate in telesupervision

- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience
- How an off-site supervisor maintains full professional responsibility for clinical cases
- How non-scheduled consultation and crisis coverage are managed
- How privacy and confidentiality of the client and trainees are assured
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

Internship programs: Telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision unless waived or amended by the Office of Academic Affairs (OAA).

During emergency situations, OAA may modify policies. For example, during COVID-19, OAA modified telesupervision requirements: “Telehealth visits where the trainees are not co-located with the supervisor (for example, patient, supervisor and trainee are all on a telehealth visit but are at three different locations) are **now permitted during this health crisis.**” While VA nationally does not encourage telesupervision, from time-to-time OAA may implement emergency guidelines that allow modification of established policies and procedures as seen during the COVID-19 pandemic.

VASNHS strives to use telesupervision as a last resort only. VASNHS offers this form of supervision during an emergency response in order to provide the needed supervision to our trainees, while also allowing for access to mental health services to veterans during critical times. Within the VASNHS Psychology Training Program telesupervision may be used when in-person supervision is not recommended or permitted by current factors dictating hospital-wide activities; however, from time-to-time telesupervision may be utilized under special circumstances with prior approval from the Training Director.

Additionally, as recommended by OAA, the selection of trainee involvement in telesupervision will be discussed with the supervisor(s) and training director. Not all trainees may be appropriate for telesupervision. A trainee that is in need of higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiative (i.e. proactively reaching out to supervisions, problem-solving technology issues or other issues) are less likely to be a good fit for telesupervision.

With the implementation of telesupervision, the training program and supervisor(s) ensure the following:

- 1) Clearly identified emergency procedures in case of patient crisis (trainee must additionally be aware of how to utilize emergency procedures)

- 2) Identification of how live supervision/observation will continue to be achieved (Note: this can be done by supervisors joining the VVC sessions).
- 3) Identification of back-up supervision. Typically, this would be the identified available on-site supervisor.
- 4) Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, Skype, phone, and/or other electronic technologies.
- 5) Ensuring patients (just as is typically done) are able to access trainee supervisors. This is something that can also be done by supervisors joining VVC sessions.
- 6) Ensuring the supervisors continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
- 7) Being thoughtful in selection of supervisors to engage in telesupervision. Supervisors should be comfortable with the use of technology, be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to email/Skype/phone), and be willing/flexible to adapt to telehealth and telesupervision.
- 8) Trainee and supervisors should all be logged-in to Skype as well as provide and maintain access to phone contact.
- 9) Trainee should inform supervisors of scheduled patient sessions to ensure supervisors can be available for consultation in the same manner that would be expected of in-person supervision.
- 10) Trainee informs the supervisor and Training Director should the format of supervision not meet their training needs.
- 11) Supervisors make it known that they maintain full responsibility for clinical care provided by the trainee.
- 12) Supervisors ensure their trainees have both the technology (i.e., hardware and software) as well as the education in the use of the technology to use prior to the start of telework.
- 13) Supervisors are responsible for ensuring the privacy and confidentiality of the patient as well as the trainee.

This policy is reviewed biennially or upon special guidance from OAA or request by VASNHS Executive Leadership.

List of Past Interns– Post Internship Settings

Boise VA Medical Center - Clinical Postdoctoral Position in Primary Care-Mental Health Integration

Community Memorial Health Care System, Ventura County California - Clinical Postdoctoral Residency

Completion of Dissertation

Hazelden Betty Ford Foundation – Clinical Postdoctoral Residency

Louis Stokes Cleveland VA Medical Center - Clinical Postdoctoral Position in Substance Abuse and Process Addictions

Memphis VA Medical Center - Clinical Postdoctoral Position in Evidenced-Based Psychotherapy

Phoenix VA Healthcare System - Clinical Postdoctoral Position in Posttraumatic Stress Disorders

Salinas Valley State Prison

Siteman Cancer Center - Clinical Postdoctoral Position in Psycho-Oncology

Southwest Behavioral Health Services- Clinical Postdoctoral Residency

Stanford University- Clinical Postdoctoral Position in Sleep Medicine

VA Puget Sound, Seattle - Clinical Postdoctoral Position in Couple and Family Health

VA Southern Nevada Healthcare System- Staff Psychologist

VA Texas Valley Coastal Bend Healthcare System – Staff Psychologist

Training Faculty

Nicole Anders, Psy.D.

Dr. Anders is a bilingual staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team. She is the Acting Director of Psychology Training. She is the Military Sexual Trauma (MST) treatment coordinator and the Evidence-Based Psychotherapy (EBP) coordinator for the hospital. She earned her Master's and Psy.D. degrees at Argosy University in Orange County, California. She completed her pre-doctoral internship at VA Caribbean Healthcare System in San Juan, Puerto Rico. She stayed at the San Juan VA to complete her post-doctoral fellowship, specializing in Women's Health. Dr. Anders is also a yoga instructor which aids her perspective in treating patients holistically from a mind-body orientation. She previously created several yoga programs within the hospital and was the first Employee Whole Health Coordinator from 2021 to 2022. Though she identifies with more dynamic and holistic therapeutic perspectives, she is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy. Dr. Anders is mom of two beautiful boys and loves to take them hiking and adventuring to the beach. She also enjoys a good (decaf) latte with friends or a long nap.

Onyinyechi Anukem, Ph.D.

Dr. Anukem is a staff psychologist in Primary Care Mental Health Integration (PCMHI) at the VA Southern Nevada Healthcare System. She earned her master's and doctoral degree in clinical psychology from Saint Louis University where she trained in outpatient, community, and primary care settings. She completed her pre-doctoral internship at the University of Miami Counseling Center in Miami, FL and a pre-doctoral residency at Ciminero & Associates, a private practice psychology group. Dr. Anukem completed a health psychology post-doctoral fellowship at Ascension Genesis Hospital in Grand Blanc, MI with a focus on behavioral health consultation, program development and evaluation, and medical education. Her clinical interests include integration of mental and physical health, adjustment to new and chronic conditions, pain management, group psychoeducation, and impact of social determinants of health on mental health functioning. Her therapeutic approach relies heavily on evidence based interventions such as CBT and ACT, however it is flexible and eclectic in nature. Dr. Anukem also enjoys, traveling, kayaking, all things involving the ocean, karaoke, and dancing like no one is watching.

Elizabeth (Beth) Briggs, Psy.D.

Dr. Briggs is the Program Manager for PCMHI, facility trainer for PCMHI at VASNHS, and a national consultant for the VA's CBT-I training program. She earned her doctorate in clinical psychology from Antioch University New England. Dr. Briggs completed her pre-doctoral internship at Cherokee Health Systems and post-doctoral fellowship at Edith Nourse Rogers Memorial VA Medical Center. Dr. Briggs has worked in various settings, primarily in primary care behavioral health, including academic medical centers, federally qualified health centers, and community mental health centers.

Clinical interests include primary care behavioral health, sleep disorders, women's issues including pregnancy and adjusting to motherhood, and working with underserved populations (e.g. rural, refugees, low income families). Therapeutic approach integrates psychodynamic theory with CBT and mindfulness techniques. Dr. Briggs skates on the local roller derby team. When not on eight wheels, or doing derby related activities, she enjoys hiking, camping, baking, watching movies, and being a homebody with her partner and their pets.

Leandrea Caver, Ph.D.

Dr. Caver earned master's and doctoral degree in clinical psychology from Saint Louis University where she trained in outpatient, community, and forensic settings. She completed her pre-doctoral internship at the Center for Behavioral Medicine in Kansas City, MO with a forensic psychology and DBT emphasis. She completed her post-doctoral fellowship at Desert Psychology, a forensic private practice in Las Vegas. After completing her fellowship, she then accepted a position as a BHIP psychologist at the VA Southern Nevada Healthcare System. Her clinical interests include group psychotherapy, recovery-oriented care, substance use disorders, working with those recently released from jail/prison, and cultural-sensitive/culturally-adaptive interventions. Therapeutic approach is flexible and includes the following modalities: CBT (including CBT-D and CBT-SUDs), DBT, and CPT. Dr. Caver is also a loud and proud-comic reading, video-gaming, anime-watching nerd. When she's not being a stereotypical gamer she is playing with her rottiie and two cats, going to the archery range to challenge her husband, or cuddling her adorable baby girl.

Lisa M. Duke, Ph.D.

Dr. Duke is a Staff Neuropsychologist in the Behavioral Health Service at the VA Southern Nevada Healthcare System. She received a doctoral degree in Clinical Psychology from the University of Arizona with specialization in clinical neuropsychology. She completed an APA-approved psychology internship at the New Orleans VA Medical Center, with rotations in outpatient and inpatient neuropsychology, behavioral medicine, women's stress disorders treatment program, and inpatient rehabilitation. Dr. Duke completed a postdoctoral fellowship in clinical and research neuropsychology at the New Orleans VA. She utilizes a flexible battery, Boston process approach to neuropsychological assessment. Her areas of research interest include awareness of deficit/metacognition in Alzheimer's disease and degenerative dementias and the cognitive deficits associated with posttraumatic stress disorder. She has worked as a neuropsychologist in both clinical and academic settings, as well as within the pharmaceutical industry.

Pamela (Pam) Finder, Psy.D.

Dr. Finder is a Staff Psychologist at the VA Southern Nevada Healthcare System and the current PTSD Program Coordinator. She earned her doctorate degree in Clinical Psychology from The American School of Professional Psychology at Argosy University/Washington DC. She completed her pre-doctoral internship at the Wisconsin Department of Corrections. Before coming to the VA, Dr. Finder worked in various settings, including several correctional facilities, private practice, and the Department of

Defense (DoD). Although currently in the PTSD Program, she worked for many years in Primary Care Mental Health Integration (PCMHI). Clinical interests, outside of PTSD work, include primary care behavioral health, sleep disorders, pain management, and group psychoeducation. Her therapeutic approach is flexible and eclectic in nature, but focuses strongly on CBT principles.

Ronald Freche, Ph.D.

Dr. Freche is a Staff Psychologist in the Pain Management Clinic at the VA Southern Nevada Healthcare System. He earned his doctorate in clinical health psychology from the University of Kansas. Dr. Freche completed his pre-doctoral internship at Central Texas Veterans Healthcare System's Temple, Texas VA Medical Center and post-doctoral fellowship at Loma Linda VA Medical Center. Dr. Freche has worked in primary care behavioral health and MHC/BHIP clinics before providing services at the Las Vegas VAMC's Pain Management Clinic. His clinical interests include the use of mindfulness, CBT-CP, ACT, and DBT-informed approaches to coping with chronic medical conditions such as pain syndromes, diabetes, cancer, multiple sclerosis, and sleep disorders. Additional interests include protective factors, positive traits, and strengths-based approaches to coping, especially among vulnerable and underserved populations. Dr. Freche enjoys travel, pop culture, and exploring the National Parks system. When at home he enjoys spending time with a menagerie of spoiled animals, working on 90s JDM vehicles, and collecting Batman memorabilia.

Kara L. Klingspon, Ph.D., ABPP

Dr. Klingspon is a Staff Psychologist with both the Behavioral Health Integration Program (BHIP) and the Couple and Family Program at the VA Southern Nevada Healthcare System. She is board certified in Couple and Family Psychology. She completed her bachelor degree, MS in Marriage and Family Therapy and her clinical psychology MA and doctoral degrees at the University of Nevada, Las Vegas where her research focus was on bereavement and unfinished business. Her training includes experience at two community clinics, a cancer center, and the VA. She completed her pre-doctoral internship with the VA Southern Nevada Healthcare System in the BHIP and the Addictive Disorders Treatment Program (ADTP), and completed a Clinical Psychology Postdoctoral Fellowship with the Couple and Family Program at VA Puget Sound in Seattle, WA. After completing her postdoctoral fellowship, Dr. Klingspon returned to the VA Southern Nevada Healthcare System.

Dr. Klingspon takes a systemic and integrative approach to treatment of individuals and couples, and is certified in Integrative Behavioral Couples Therapy (ICBT), Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy for Depression (IPT-D), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), and is trained in Eye Movement Desensitization and Reprocessing (EMDR).

Benjamin Loew, Ph.D., ABPP

Dr. Loew is the Chief of Couples and Family Services at the VA Southern Nevada Healthcare System, and is board certified in Couple and Family Psychology. He

completed his bachelor's degree at the University of Pennsylvania, working in research at the Positive Psychology Center and subsequently at the Center for the Treatment and Study of Anxiety. He completed clinical psychology master's and doctoral degrees at the University of Denver Department of Psychology, including the Southwest Consortium Doctoral Psychology Internship in Albuquerque, NM. He then completed a Clinical Psychology Postdoctoral Fellowship at the Family Mental Health Program of the VA San Diego Health Care System. His clinical, training, and research interests include evidence-based couple and family psychotherapies and psychoeducation, as well as the use of such interventions in healthcare systems, via electronic delivery, and for vulnerable populations.

James Maltzahn, Psy.D.

Dr. Maltzahn is the dual-diagnosis staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team in which he currently primarily does trauma work, but also ADTP groups. He earned his Master's degree in Counseling at George Mason University in Fairfax, VA and his Psy.D. degree at Adler University Chicago, IL. Dr. Maltzahn completed his pre-doctoral internship at VA Southern Nevada Healthcare Center. He stayed at VA Southern Nevada as a Graduate Psychologist in the PTSD clinic. Though he identifies with more Rogerian and ACT perspectives, he is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Parts and Memory, and Cognitive Behavioral Therapy. On his free time, Dr. Maltzahn enjoys being with friends, working out, playing softball or golf, or just watching a movie.

Shanna Mohler, Psy.D.

Dr. Mohler is a Clinical Neuropsychologist within the Behavioral Health Service at the VA Southern Nevada Healthcare System. She works in the Outpatient Neuropsychology Clinic and serves as part of the Polytrauma Support Clinic Team. She earned an M.A. and Psy.D. in Counseling Psychology at the University of St. Thomas in Minneapolis, MN. She completed a pre-doctoral geriatric-focused internship at the Madison, WI VA and two postdoctoral fellowships – a one-year fellowship in Gero-Neuropsychology at the Miami VA Medical Center and a two-year fellowship in Clinical Neuropsychology at the Central Arkansas VA. She provides comprehensive outpatient neuropsychological evaluations to Veterans with various neurological, medical, and psychiatric conditions. Areas of interest include neurodegenerative diseases, traumatic brain injury, and cognitive rehabilitation.

Alexandria Moorer, Psy.D.

Dr. Moorer is a Staff Psychologist at VA Southern Nevada Healthcare System and is the Program Coordinator for the Addiction Disorder Treatment Program (ADTP). She earned her bachelor's degree from Westminster College and clinical psychology master's and doctoral degrees from The Arizona School of Professional Psychology at Argosy University Phoenix. Dr. Moorer completed her pre-doctoral internship at the University of Nevada Las Vegas Counseling and Psychological Services (CAPS). After completing her internship, she completed her post-doctoral fellowship in addictions at the John D. Dingell VA in Detroit, Michigan. Clinical interests include addictions, group

therapy, and diversity. Her therapeutic approach is integrative, with an emphasis on CBT and Multicultural counseling.

Tricia M. Steeves, Ph.D.

Dr. Steeves is a clinical psychologist on the LVR3 treatment team at the VA Southern Nevada Healthcare System. She earned her bachelor's degree in psychology from UCLA, her master's degree in clinical psychology from Antioch University Los Angeles, and her doctoral degree in counseling psychology from University of Northern Colorado. Dr. Steeves completed her pre-doctoral internship at the Salt Lake City VAHCS and her post-doctoral fellowship at EDCare Denver. Dr. Steeves has also worked as a police psychologist, conducting pre-employment evaluations in Utah and Colorado. Clinical interests include addictive behaviors, PTSD, eating disorders, moral injury, and couples counseling. Her most favorite interventions include ACT, IPT, mindfulness, EMDR, and IBCT. Her supervision style is developmental with an encouraging nod towards ongoing self-reflection. Dr. Steeves also enjoys yoga, hiking, hanging with her hubby and their two goofball dogs, listening to music from the 80s (which she never thinks of as "oldies,"), watching the Saints and the Golden Knights win, and attempting to learn to speak Japanese.

Meghan Walls, Psy.D.

Dr. Walls is a Behavioral Health Interdisciplinary Program (BHIP) Psychologist at VA Southern Nevada Healthcare System. She earned her bachelor's degree in Human Development from Oregon State University. She completed her Clinical Psychology Master's and Doctoral degrees at Pacific University in Portland, Oregon. Her pre-doctoral internship program was at the VA Southern Nevada where she worked in BHIP and the Addictive Disorders Treatment Program (ADTP). After completing her internship, Dr. Walls accepted a BHIP Staff Psychologist position. Clinical interests include anxiety spectrum disorders, depression, and military sexual trauma (MST). She frequently uses evidence-based protocols including CBT-CP, ACT-D, CPT, EMDR, PE, ERP, and STAIR. She has experience working directly with the LGBTQ+ community and is part of the Transgender Care Team at the VA Southern Nevada. Her primary therapeutic orientation is CBT, which she incorporates with skills from ACT and DBT. Dr. Walls is proud of her "geek lifestyle" and often supplements therapy with metaphors from Star Trek, Doctor Who, and comic books. She has 2 dogs, a hedgehog, and a cat whom she shamelessly spoils. While psychology is the main passion in her life, travel is a close second.

